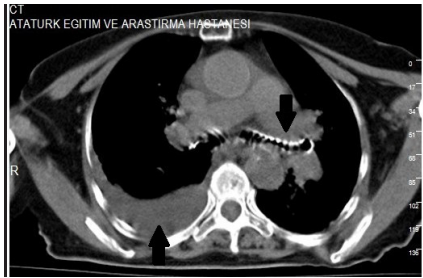


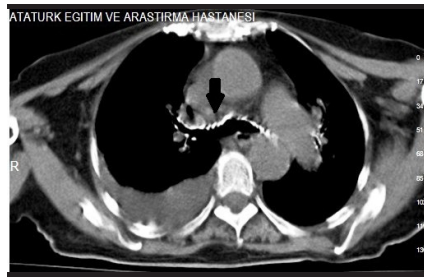


Şekil 1. Trakea duvarında kalsifikasyonlar

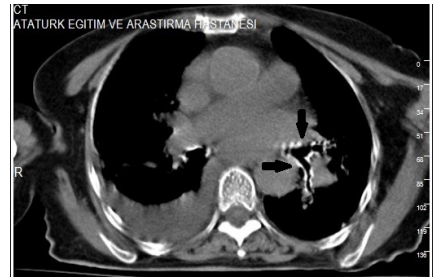
A 62-year old female patient admitted to the emergency department with complaint of increasing dyspnea. The patient had also admitted to ED with a fracture on the 12th thoracic vertebral due to falling and was advised to wear corsets and stay in bed rest and discharged three days ago. She had a history of heart failure for 10 years and had been using drugs due to it. On her echocardiography which performed to asses her for pulmonary embolism, ejection-fraction was 65% and cardiac cavities were normal. On her contrast-enhanced chest CT scan no pulmonary embolism was detected, but hemothorax and Tracheobronchopathia Osteochondroplastica which could enhance her dyspnea which had been existing for 10 years were detected (Figure: 1,2,3,4). The patient, who had been followed for heart failure for 10 years, had no other findings except Tracheobronchopathia Osteochondroplastica to explain dyspnea.



Şekil 2. Sol ana bronшта kalsifikasyonlar ve sağda hemotoraks



Şekil 3. Sol ve sağ ana bronшта kalsifikasyonlar



Şekil 4. Sol bronşiyolde kalsifikasyonlar